# DEPARTMENT OF TREASURY

## PROCESS RECEIPT AND RETURN

| | |
|---|---|
| Plaintiff: UNITED STATES OF AMERICA | Court Case Number: **04-CR-544** |
| Defendant: **KUN FUK CHENG** | Type of Process: **Forfeiture - Service** |

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Ping D. Lin, 26 South Road, Suite 3, Poughkeepsie, New York 12601

| Send notice or service copy to requester at Name and Address below: | | |
|---|---|---|
| GLENN T. SUDDABY, United States Attorney, NDNY<br>218 James T. Foley Courthouse<br>445 Broadway<br>Albany, New York 12207 | Number of Processes to be Served | |
| | Number of Parties to Served | |
| | Check box if service is on USA | |

**Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:**

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

| Signature of Attorney or other Originator requesting service on behalf of: | (X )Plaintiff<br>( ) Defendant | Telephone No. | Date |
|---|---|---|---|
| [signature] /Thomas A. Capezza, AUSA | | 518-431-0247 | 2/14/06 |

**Signature and Date of Person accepting Process:**

## SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

| I acknowledge receipt for the total number of process indicated. | District of Origin No.______ | District to Serve No.______ | Signature of Authorized Dept. of Treasury Agency Officer | Date |
|---|---|---|---|---|
| | | | [signature] | 2/15/06 |

I HEREBY CERTIFY AND RETURN THAT I( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. (✓) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

| | |
|---|---|
| Name and Title of individual served if not shown above. | ( ) A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address: (complete only if different than shown above) | Date of Service: 2/16/06 - Certified Mail   Time of Service ( ) a.m. ( ) p.m.<br>Signature, Title and Treasury Agency: [signature], Special Agent - IRS-CI |

**REMARKS:**

A certified copy of the Preliminary Order of Forfeiture and Notice of Publication and Forfeiture were sent by Certified Mail on 2/16/06 to Ping D. Lin at the address listed above.

UNITED STATES POSTAL SERVICE

9264

12601

U.S. P
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RETURN TO SENDER

☐ MOVED, LEFT NO ADDRESS
☐ FORWARDING ORDER EXPIRED
☐ ATTEMPTED - NOT KNOWN
☐ UNCLAIMED ☐ REFUSED
☐ NO SUCH STREET
☒ NO SUCH NUMBER

Ping [redacted]in
26 South [redacted]d
Suite 3
Poughkeepsie, NY [redacted]601

**SENDER: *COMPLETE THIS SECTION***

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, [redacted] on the front if space permits.

1. Art[redacted]ddressed to:

Ping [redacted] LLP
26 Sout[redacted] Rd
Suite 3
Poughkeepsie [redacted]
126[redacted]

2. Article Number
(Transfer from service label) 7005 0390 0005 8339 5955

***COMPLETE THIS SECTION ON DELIVERY***

A. Signature
X Jeanne Hoffman ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Jeanne Hoffman

C. Date of Delivery 2/27/06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

[redacted]